WASTE SHIPPED OFF-SITE FOR T,S,D,R (DHEC 1963)

***DO NOT WRITE ON THE FORMS IN THIS BOOK.
PHOTOCOPY AS MANY COPIES OF EACH FORM
FROM THE BOOK AS NEEDED. COMPLETE YOUR
REPORT ON THESE PHOTOCOPIED FORMS IN INK (OR
TYPE) AND SIGN CERTIFICATION BY HAND IN INK.
USE THESE AS YOUR COMPLETED ORIGINALS. KEEP
A COPY OF YOUR COMPLETED ORIGINALS IN YOUR
FILES AND SEND THE COMPLETED ORIGINALS TO
SCOHEC. PLEASE DO NOT COMPLETE FORMS THAT
DO NOT APPLY TO YOUR COMPANY AND DO NOT
SUBMIT BLANK FORMS.

Instructions

VII. Enter your EPA ID # (Example: SCD934126421)
Enter your company name in the space provided as it appears on the label on the form DHEC 1962.
Enter the quarter and year this report represents.
(Example: 2/95)

VIII. Enter the following:

The waste line number representing this waste; this number must be taken from your Hazardous Waste Index Form (DHEC 1965)

The date (month/day/year) this shipment left your company;

The EPA ID # of the receiving facility the waste is being sent to;

The manifest document number of the shipment (found on the hazardous waste manifest DHEC form 1988);

The amount **IN POUNDS** of waste shipped.

NOTE: A manifest may specify several different waste streams. Each waste stream must be reported as a separate entry on DHEC Form 1963 with the corresponding manifest number, weight, EPA ID # and date shipped. (Example: one truck load with different waste streams). Since the MANIFEST DOCUMENT NUMBER IS A UNIQUE UP TO ELEVEN-DIGIT NUMBER, DO NOT REPEAT IT WITH DIFFERENT SHIPMENT DATES.

ALL AMOUNTS ARE ROUNDED TO THE NEAREST WHOLE NUMBER AND ARE LEFT JUSTIFIED. (Example: 12345____ NOT 000012345)



Quarterly Hazardous Waste Report Waste Shipped Off-Site for Treatment, Storage, Disposal, Recovery

PROMO	DTE PROTECT PROSPER	Waste ompped on one for	Treatment, Gtorage, Disposal, Recovery
VII.	EPA/DH	HEC ID# Co	mpany Name
VIII.	Waste Index Line #	MM DD YY Date Shipped	Facility EPA/DHEC ID #
	Manifest Doc	ument Number	Amount (lbs.)
VIII.	Waste Index Line #	MM DD YY Date Shipped	Facility EPA/DHEC ID #
	Manifest Doc	sument Number	Amount (lbs.)
VIII.	Waste Index Line#	MM DD YY Date Shipped	Facility EPA/DHEC ID #
	Manifest Doc	ument Number	Amount (lbs.)
VIII.	Waste Index Line#	MM DD YY Date Shipped	Facility EPA/DHEC ID #
	Manifest Doc	ument Number	Amount (lbs.)
VIII.	Waste Index Line #	MM DD YY Date Shipped	Facility EPA/DHEC ID #
	Manifest Doc	ument Number	Amount (lbs.)